THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE MAY 10 2004 SIGNED James E Zelbo REGISTRAR

AT JOLIET, ILLINOIS 60433 OFFICIAL TITLE

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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[XX] PERMANENT CERTIFICATE
[ ] TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 99.0
REGISTERED NUMBER 21261

STATE OF ILLINOIS

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

DECEASED

1. DECEASED- NAME FIRST: Kathleen MIDDLE: LAST: Savio
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): March 1, 2004
4. COUNTY OF DEATH: Will
5a. AGE -LAST BIRTHDAY (YRS): 40
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): June 13, 1963
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Bolingbrook
6b. HOSPITAL OR OTHER INSTITUTION -NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 392 Pheasant Chase Dr.
6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Oak Lawn, IL
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): N / A
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): No
10. SOCIAL SECURITY NUMBER: 345-56-1492
11a. USUAL OCCUPATION: Student
11b. KIND OF BUSINESS OR INDUSTRY: Education
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+): 3
13a. RESIDENCE (STREET AND NUMBER): 392 Pheasant Chase Dr.
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Bolingbrook
13c. INSIDE CITY (YES/NO): Yes
13d. COUNTY: Will
13e. STATE: IL
13f. ZIP CODE: 60490
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES -IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) [X] NO [ ] YES SPECIFY:

PARENTS

15. FATHER-NAME FIRST: Henry MIDDLE: J. LAST: Savio
16. MOTHER-NAME FIRST: Mary MIDDLE: B. (MAIDEN) LAST: Szpak
17a. INFORMANT'S NAME (TYPE OR PRINT): Anna Marie Doman
17b. RELATIONSHIP: Sister
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 421 Holden Ave. Romeoville, IL 60446

CAUSE

18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death) → (a) Drowning

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. AUTOPSY (YES/NO): Yes
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): Yes
20a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY): Accident
20b. DATE OF INJURY (MONTH, DAY, YEAR): Unknown
20c. HOUR: UNK M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18): Found Unresponsive in Bath Tub
20e. INJURY AT WORK (YES/NO): No
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): Home
20g. LOCATION (CITY, VIL. OR TOWN; OR TWP.; OR RD. DIST. NO., COUNTY, STATE): Bolingbrook, Will County, Illinois
20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES [ ] NO [X]

CERTIFIER

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT.....
21b. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR: March 1, 2004
21c. AT: 11:17P M.
22a. CORONER'S-MEDICAL EXAMINER'S SIGNATURE: PATRICK K. O'NEIL
22b. DATE SIGNED (MONTH, DAY, YEAR): May 7, 2004
23a. CORONER'S PHYSICIAN'S NAME (Type or Print):
23b. DATE SIGNED (MONTH, DAY, YEAR):

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY - NAME: Queen Of Heaven Catholic
24c. LOCATION CITY OR TOWN STATE: Hillside IL
24d. DATE (MONTH, DAY, YEAR): 03/06/2004
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: Anderson Memorial Chapel, 606 Townhall Dr., Romeoville, IL 60446 1338
25b. FUNERAL DIRECTOR'S SIGNATURE: Richard G. Anderson
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-012361
26a. LOCAL REGISTRAR'S SIGNATURE: James E Zelbo
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): MAY 07 2004

V8202 (REV. 5/89) Illinois Department of Public Health Division of Vital Records REPLACES PREVIOUS EDITIONS OF U.S. STANDARD CERTIFICATE

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK – HOLD AT AN ANGLE TO VIEW